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Apr 06, 1999 8:00 am  
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04-06-1999 90015 038 \*\*\*\*61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N03702

1. Corporation Name

WILLOWBROOK HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

315 MEADOWS DR.  
LANTANA FL 33462

Mailing Address

3082 JOG RD  
LAKE WORTH FL 33467  
US



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

06/15/1984

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number  
59-2453460

Applied For  
Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

23 Zip Country

28 Zip Country

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

24 25

29 30

9. Name and Address of Current Registered Agent

JAKABCIN, KATHRYN M ESQ  
1325 S CONGRESS AVE  
STE 104  
BOYNTON BCH FL 33426

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reconstituting)

DATE

march 9, 1999

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE  DELETE

DP  
NAME BONILLA, GUIDO  
STREET ADDRESS 31 MEADOWS DR  
CITY-ST-ZIP BOYNTON BCH FL 33462

1.1 TITLE  Change  Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE  DELETE

DVP  
NAME SASIAN, RUBEN  
STREET ADDRESS 264 MEADOWS DR  
CITY-ST-ZIP BOYNTON BEACH FL 33462

2.1 TITLE Vice President  Change  Addition  
2.2 NAME Marie Calise  
2.3 STREET ADDRESS 234 meadows Drive  
2.4 CITY-ST-ZIP Boynton Beach, FL 33462

TITLE  DELETE

DT  
NAME MCCULLOCH, JUDY  
STREET ADDRESS 182 MEADOWS DR  
CITY-ST-ZIP BOYNTON BEACH FL 33462

3.1 TITLE  Change  Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE  DELETE

DS  
NAME MILLS, KATHRYN  
STREET ADDRESS 21 MEADOWS DRIVE  
CITY-ST-ZIP BOYNTON BEACH FL 33462

4.1 TITLE  Change  Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE  DELETE

D  
NAME BENSON, HILARY  
STREET ADDRESS 221 MEADOWS DR  
CITY-ST-ZIP BOYNTON BEACH FL 33426

5.1 TITLE President  Change  Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE  DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE  Change  Addition  
6.2 NAME DIRECTOR  
6.3 STREET ADDRESS DAVID MCLAWHORN  
101 meadows Drive  
6.4 CITY-ST-ZIP Boynton Beach FL 33462

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED

3-30-99 561-434-2610

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/198)